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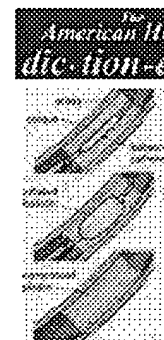
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Dictionary

an·gi·o·plas·ty (ăn'jē--plăs'tē)

n., pl. -ties.

The surgical repair of a blood vessel, either by inserting a balloon-tipped catheter to unblock it, or by reconstructing or replacing part of the vessel.



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balloon angioplasty
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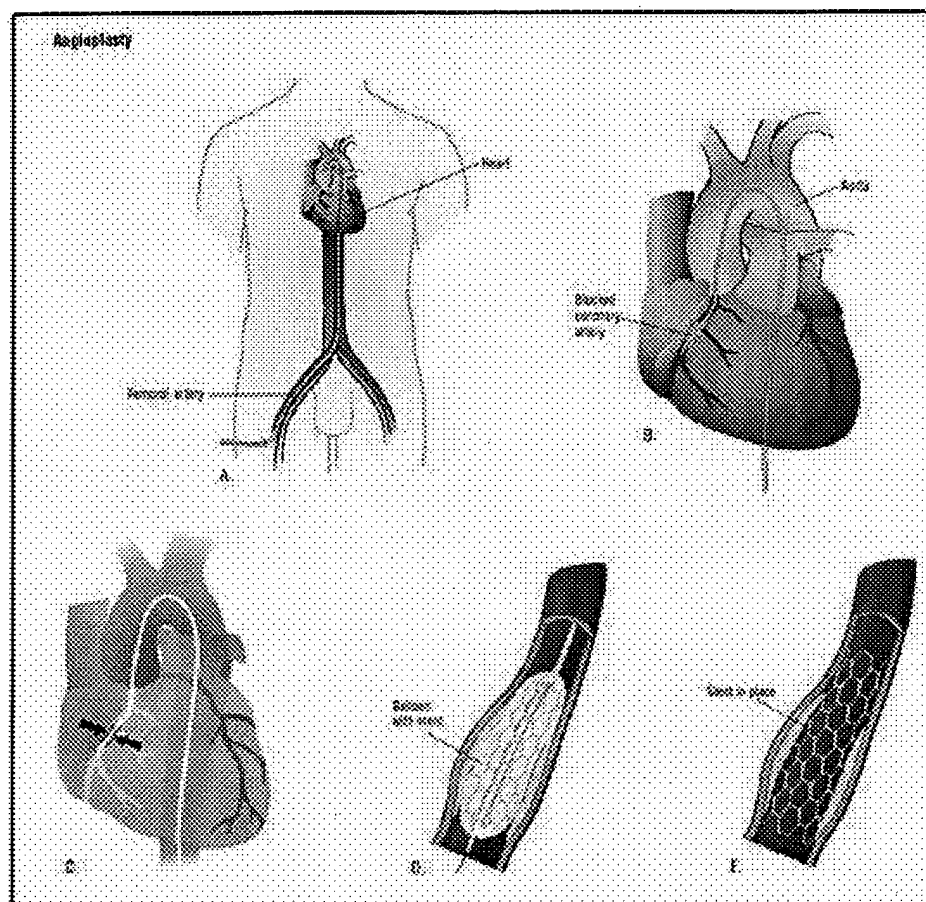
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Angioplasty



During angioplasty, a catheter is fed into the femoral artery of the upper leg (A). The catheter is fed up to coronary arteries to an area of blockage (B). A dye is released, allowing visualization of the blockage (C). A stent is placed on the balloon-tipped catheter. The balloon is inflated, opening the artery (D). The stent holds the artery open after the catheter is removed (E). (Illustration by Argosy.)

Definition

Angioplasty is a term describing a procedure used to widen vessels narrowed by stenoses or occlusions. There are various types of angioplasty. The specific names of these procedures are derived from the type of equipment used and the path of entry to the blood vessel. For example, percutaneous transluminal angioplasty (PTA) means that the vessel is entered through the skin (percutaneous) and that the catheter is moved into the blood vessel of interest through the same vessel or one that communicates with it (transluminal). In the case of an angioplasty involving the coronary arteries, the point of entry might be the femoral artery in the groin, with the catheter/guidewire system passed through the aorta to the heart and the origin of the coronary arteries at the base of the aorta just outside the aortic valve.

Purpose

An angioplasty is done to reopen a partially blocked blood vessel so that blood can flow through it again at a normal rate. In patients with an occlusive vascular disease such as atherosclerosis, the flow of blood to other organs or remote parts of the body

is limited by the narrowing of the vessel's lumen due to fatty deposits or patches known as plaque. Once the vessel has been widened, an adequate blood flow is restored. The vessel may narrow again over time at the same location, however, and the procedure may need to be repeated.

For some patients, thrombolytic therapy (treatment with drugs that dissolve blood clots) is an alternative to angioplasty. Many medical centers, in fact, restrict the use of angioplasty to patients who cannot be treated with thrombolytic therapy.

Description

Angioplasties were originally performed by dilating the blood vessel with the introduction of larger and larger stiff catheters through the narrowed space. The complications that resulted from this approach led researchers to develop ways to open the vessel with smaller devices. As of 2003, the catheters used to perform angioplasties contain balloons that are inflated to widen the vessel, and stents (thin collapsed tubes made of wire mesh) to provide structural support for the vessel. Lasers may be used to help break up the plaque or fat deposits. Some catheters are equipped with spinning wires or drill tips to clean out the plaque.

Angioplasty may be performed while the patient is sedated or anesthetized, depending on which vessels are involved. If a percutaneous transluminal coronary angioplasty (PTCA) is to be performed, the patient is sedated so that he or she can report discomfort and cough if asked to do so. PTCA procedures are performed in cardiac catheterization laboratories with sophisticated monitoring devices. If angioplasty is performed in the radiology department's angiographic suite, the patient may be sedated for the procedure while a nurse monitors the patient's vital signs. Angioplasties performed by vascular surgeons are done in an operating room or specially designed vascular procedure suite.

Typically, patients are given anticoagulant (blood thinning) medications prior to the procedure to assist in the prevention of thromboses (blood clots), even though these drugs may slow down the sealing of the entry point into the vein. Patients may also be given calcium blockers and nitrates to reduce the risk of vascular spasm. The procedure is performed using fluoroscopic guidance and contrast media. Since the decision to perform angioplasty may have been made following a diagnostic angiogram, the patient's sensitivity to iodinated contrast media is likely to be known. The procedure may then require the use of non-ionic contrast agents.

The patient's skin is cleansed with an antiseptic solution at the site where the surgeon will insert the catheter and other equipment, and the area is protected with a sterile drape. Although many angioplasties are performed by puncturing the vessel through the skin, others are done by surgically exposing the site of entry. Direct view of the vessel's puncture site aids in monitoring damage to the vessel or excessive bleeding at the site. After the vessel has been punctured and the guidewire introduced, a fluoroscope is used to monitor the small amounts of contrast media that have been injected. This technique allows the surgeon to see the guidewire's movement through the vessel. If the fluoroscope has a feature called "roadmap," the amount of contrast media injected is greater in order to define the full route the guidewire will take. The fluoroscopy system then superimposes subsequent images over the roadmap while the physician moves the guidewire along the roadmap to the destination.

When the surgeon reaches the location of the stenosis, he or she inflates the balloon on the catheter that has been passed along the guidewire. The size of the balloon and the duration of its inflation depend on the size and location of the vessel. In some cases, the surgeon may also use a stent, which is opened or expanded inside the blood vessel after it has been guided to the proper location. The blood vessel may be widened before, during, or after the stent has been opened up. In cases where the vessel is tortuous (twisted) or at intersections of vessels, a graft may be necessary to strengthen the walls of the blood vessel. Stents, grafts, and balloon dilation may all be used together or separately. Sometimes radiation is used when a stent is placed.

After the surgeon has widened the blood vessel, he or she verifies its patency by using fluoroscopy and contrast media to produce an angiogram, by using intravascular ultrasound, or by using both techniques. After the imaging studies have been completed, the surgeon removes the equipment from the blood vessel and closes the puncture site.

Risks

There is a danger of puncturing the vessel with the guidewire during an angioplasty, although the risk is very small. Patients must be monitored for hematoma or hemorrhage at the puncture site. There is also a small risk of heart attack, stroke, and, although unlikely, death—all related to vessel spasm (transient vessel narrowing from irritation by the catheter), or from emboli (as plaque can be dislodged by the catheter or travel to the heart or brain). Abrupt closure of the coronary artery occurs in about 4% of patients.

Recurrence of stenosis is an additional potential complication. The risk of recurrence is highest in the first six months after

angioplasty, with rates as high as 35% reported in some studies.

The length of the patient's hospital stay following an angioplasty depends on his or her overall condition, the occurrence of complications, and the availability of home care.

Health care team roles

Physicians often have specially trained assistants for vascular procedures. These assistants may be nurses, surgical technicians, or x ray specialists. Cardiac catheterization laboratories will include someone specially trained in monitoring EKG equipment and vital signs. Either a nurse, nurse anesthetist, or anesthesiologist will administer sedation or anesthesia for the procedure.

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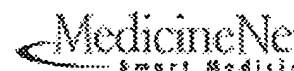
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www.healthgrades.com**Procedures****Angioplasty (Percutaneous Transluminal Angioplasty)****What is balloon angioplasty?**

Balloon angioplasty of the coronary artery, or percutaneous transluminal coronary angioplasty (PTCA), is a relatively new procedure introduced in the late 1970's. PTCA is a non-surgical procedure that relieves narrowing and obstruction of the arteries to the muscle of the heart (coronary arteries). This allows more blood and oxygen to be delivered to the heart muscle. PTCA is accomplished with a small balloon catheter inserted into an artery in the groin or arm, and advanced to the narrowing in the coronary artery. The balloon is then inflated to enlarge the narrowing in the artery. When successful, PTCA can relieve chest pain of angina, improve the prognosis of patients with unstable angina, and minimize or stop a heart attack without having the patient undergo open heart coronary artery bypass graft (CABG) surgery.

In addition to the use of simple balloon angioplasty, the availability of stainless steel stents, in a wire-mesh design, have expanded the spectrum of patients suitable for PTCA, as well as enhanced the safety and long-term results of the procedure. Various "atherectomy" (plaque removal) devices are also available as adjuncts to PTCA. These include the use of the *excimer laser* for photoablation of plaque, *rotational atherectomy* (use of a high-speed diamond-encrusted drill) for mechanical ablation of plaque, and *directional atherectomy* for cutting and removal of plaque.

How does coronary artery disease develop?

Arteries that supply blood and oxygen to the heart muscles are called coronary arteries. Coronary artery disease (CAD) occurs when cholesterol plaque (a hard, thick substance comprised of varying amounts of cholesterol, calcium, muscle cells, and connective tissue, which accumulates locally in the artery walls) builds up in the walls of these arteries, a process called arteriosclerosis. Over time, arteriosclerosis causes significant narrowing of one or more coronary arteries. When coronary arteries narrow more than 50 to 70%, the blood supply beyond the plaque becomes inadequate to meet the increased oxygen demand during exercise. Lack of oxygen (ischemia) in the heart muscle causes chest pain (angina) in most patients. However, some 25% of patients experience no chest pain at all despite documented ischemia, or may only develop episodic shortness of breath instead of chest pain. These patients have silent angina and have the same risk of heart attack as those with angina. When arteries are narrowed in excess of 90-99%, patients often have angina at rest (unstable angina). When a blood clot (thrombus) forms on the plaque, the artery may become completely blocked, causing death of a part of the heart muscles (heart attack, or *myocardial infarction*).

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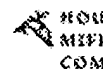
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angioplasty (ăn'jēōplās'tē) , any surgical repair of a blood vessel, especially balloon angioplasty or percutaneous transluminal coronary angioplasty, a treatment of coronary artery disease. In balloon angioplasty a balloon-tipped catheter is inserted through the skin into a blood vessel and maneuvered to the clogged portion of the artery. There it is threaded into the blockage and inflated, compressing the plaque against the arterial walls. Frequent postoperative reclogging (restenosis) of the treated area has led to the use of alternative techniques such as laser angioplasty, which employs a laser to burn away or vaporize the plaque, and to the study of various drugs, gene therapies, and mechanical devices such as a stainless steel coil, or **stent** (sometimes coated with a drug that inhibits restenosis), designed to hold the plaque back.

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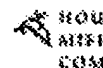


angioplasty (AN-jee-uh-plas-tee)

A surgical technique in which a catheter containing a small balloon is inserted into arteries around the heart. The balloon is inflated to compress deposits of fatty substances blocking the artery, thereby restoring the flow of blood.

- Also called balloon therapy.

🔍 Medical



an·gi·o·plas·ty (ăn'jē-ō-plās'tē)
n.

1. Surgical reconstruction of a blood vessel.
2. Balloon angioplasty.

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The *noun* angioplasty has one meaning:

Meaning #1: an operation to repair a damaged blood vessel or unblock a coronary artery

🔍 Wikipedia

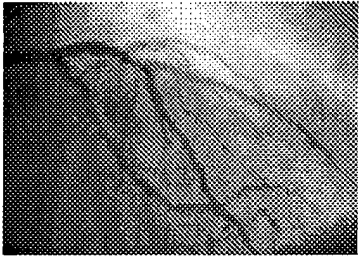
angioplasty

Angioplasty is the mechanical alteration of a narrowed or totally obstructed vascular lumen, generally caused by atheroma (the lesion of atherosclerosis). The term derives from the roots "Angio" or vessel and "plasticos" fit for molding. The term has come to include all manner of vascular interventions typically performed in a minimally invasive or percutaneous method.

Most commonly, the Seldinger technique is used to cannulate a blood vessel for access. A guiding catheter is introduced into the arterial (or venous) system and advanced through the system to the location of an obstruction. This in turn is followed by introduction of a guidewire which is advanced through the guide

catheter, through the obstruction and extended into the blood vessel lumen beyond the obstruction. Over the guidewire, a balloon catheter is advanced through both the guide catheter and the obstruction. Once in position, the balloon is inflated using high hydraulic pressure so as to force the narrowed vessel lumen to expand, pushing the lesion producing the narrowing outwards. The balloon may also include a stent (compressed over the balloon before expansion) or be followed by a stent/balloon combination so that the expanded stent is left within the previously narrowed lumen to mechanically support patency of the vessel lumen.

Coronary angioplasty



X-ray image during Angioplasty

One way to unblock (open up the lumen) of a coronary artery (or other blood vessel) is percutaneous transluminal coronary angioplasty (PTCA), which was first performed in 1977. A wire is passed from the femoral artery in the leg (most commonly) or the radial artery in the arm up to the diseased coronary artery, to beyond the area of the coronary artery that is being worked upon. Over this wire, a balloon catheter is passed into the segment that is to be opened up. The end of the catheter contains a small folded balloon. When the balloon is hydraulically inflated, it compresses the atheromatous plaque and stretches the artery wall to expand. At the same time, if an expandable wire mesh tube (stent) was on the balloon, then the stent will be implanted (left behind) to support the new stretched open position of the artery from the inside.

Angioplasty and stenting is performed through a thin flexible catheter during Cardiac Catheterization with just a local anaesthetic to the groin (or wrist) where the catheter was inserted, often making heart surgery unnecessary. While coronary angioplasty has consistently been shown to reduce symptoms due to coronary artery disease and to reduce cardiac ischemia, it has not been shown in large trials to reduce mortality due to coronary artery disease, except in patients being treated for a heart attack acutely (also called primary angioplasty). There is a small but definite mortality benefit with this form of treatment compared with medical therapy, usually consisting of thrombolytic ("clot busting") medication.

Traditional ("bare metal") coronary stents provide a mechanical framework that holds the artery wall open, preventing stenosis, or narrowing, of arteries feeding critical structures like the myocardium. Traditional stenting is superior to angioplasty alone in keeping arteries open.

Newer drug-eluting stents (DES) are coated with drugs that prevent re-stenosis of the artery. Three drugs, sirolimus, everolimus and paclitaxel, have been demonstrated effective and safe in this application by stent device manufacturers and are being used.

Risks of angioplasty are fortunately uncommon, and the procedure is widely practiced. Coronary angioplasty is usually performed by an interventional cardiologist, a medical doctor with special training in the treatment of the heart using invasive catheter-based procedures.

Angioplasty is sometimes referred to as *Dottering*, after Dr C.T. Dotter, who, together with Dr M.P. Judkins, first described angioplasty (without the balloon) in 1964 (Circulation 1964;30:654-70). As the range of procedures performed upon lumens of coronary arteries has widened, the name of the procedure has changed to percutaneous coronary intervention (PCI).

Risks of angioplasty

Angioplasty has become considerably safer over the years and is now commonly performed. Although it is associated with some risks^[1] these are considerably less than for open-heart bypass surgery with its resulting post-operative pain. However the likelihood of recurrence of angina, and requirement for repeated procedures has been higher with angioplasty. The latest trial (ARTS II) has suggested that PCI with DES may be superior, at least in the short term.

Some chest discomfort occasionally may be experienced and it is for this reason that the patient is awake during minimally invasive angioplasty; the reporting of any symptom allows the cardiologist to take necessary immediate action. Bleeding from the insertion point in the groin is common, in part due to the use of anti-platelet clotting drugs. Some bruising is therefore to be expected, but occasionally a haematoma may form. This may delay hospital discharge as flow from the artery into the haematoma may continue (pseudoaneurysm) which requires repair. Infection at the skin puncture site is rare and dissection (tearing) of the access blood vessel is uncommon. Allergic reaction to the contrast dye used is possible, but has been reduced with the newer agents. Deterioration of kidney function can occur in patients with pre-existing kidney disease, but kidney failure requiring dialysis is rare. Vascular access complications are less common and less serious when the procedure is performed via the radial artery.

In the long term, the most common risk is of the **stent** restenosis, as discussed above. This has been reduced considerably with the use of newer stents coated with certain medicines (drug-eluting stents). The most serious risk is the rare provocation (3%) of a heart attack during or shortly after the procedure; this may require emergency open cardiac surgery. Angioplasty carried out shortly after a myocardial infarction has a risk of causing a stroke of 1 in 1000, which is less than the 1 in 100 risk encountered by those receiving thrombolytic drug therapy.

The overall risks of death with angioplasty is approximately 1%, but the underlying severity of the heart disease, fitness of the patient and presence of other illness affect each individual's risk. Hence for those with relatively minor heart disease, preserved good cardiac function, reasonable level of fitness and absence of other illnesses, the risk will be considerably less than this.

When failures of PTCA occur, they are often treated using coronary artery bypass grafting (CABG).

Peripheral angioplasty

Peripheral angioplasty refers to the use of similar techniques in opening blood vessels other than the coronary arteries. It is often called **percutaneous transluminal angioplasty** or PTA for short. PTA is most commonly done to treat narrowings in the leg arteries, especially the common iliac, external iliac, superficial femoral and popliteal arteries. PTA can also be done to treat narrowings in veins.

Renal artery angioplasty

Atherosclerotic obstruction of the renal artery can be treated with angioplasty of the renal artery (percutaneous transluminal renal angioplasty, PTR). Renal artery stenosis can lead to hypertension and loss of renal function.

Carotid angioplasty

Generally, carotid artery stenosis is still not treated with angioplasty and stenting in most hospitals, due to the increased risk of embolic stroke with the procedure. But this is changing since the FDA has approved the first carotid **stent** system (Guidant) in August 2004 and the second (Abbott) in September 2005. The system usually comprises a **stent** along with an anti-embolic device designed to reduce or trap atheroma and clot debris. Angioplasty and stenting is increasingly being used to also treat carotid stenosis, with success rates similar to carotid endarterectomy surgery. Simple angioplasty without stenting is falling out of favor in this vascular bed. A large trial comparing endarterectomy and stenting found stenting equally efficacious [2].

See also

- [Andreas Gruentzig](#)
- [Coronary artery bypass surgery](#)
- [Cardiac Catheterization](#)

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stent  (stĕnt)
 n.
 1. A device used to support a bodily orifice or cavity during skin grafting or to immobilize a skin graft following placement.
 2. A slender thread, rod, or catheter inserted into a tubular structure, such as a blood vessel, to provide support during or after anastomosis.

[After Charles R. **stent** (1845-1901), English dentist.]

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Noun 1. stent - a slender tube inserted inside a tubular body part (as a blood vessel) to provide support during and after surgical anastomosis

|| **tube, tubing** - conduit consisting of a long hollow object (usually cylindrical) used to hold and conduct objects or liquids or gases

